

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-12265	2. Fiscal Year Covered From: 1/1/2004 Through: 12/31/2004
3. Name and address of person filing. Name KURT E KUBE P.O. Box, Bldg., Room No., if any Street 1970 COMPTON RD. City CIN. State OH. ZIP Code + 4 45231	4. Name, file number, and address of labor organization. Name IBEW LOCAL #212 Labor Organization File Number 011-118 P.O. Box, Building and Room Number, if any SUITE 101 Street 1216 E. McMILLAN ST. City CIN. State OH. ZIP Code + 4 45206
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Kurt E. Kube</u>	On <u>8-10-05</u> <u>(513)-522-1976</u> Date Telephone Number

Name of Person Filing KURT E. KUBE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name LOCAL #212 BENEFIT OFFICE Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 204 Street 1216 E. McMILLAN ST. City CIN. State OH. ZIP Code + 4 45206	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL #212 HEALTH & WELFARE BENEFIT PLAN Trade Name, if any: HPW P.O. Box, Bldg., Room No., if any Street (SAME) City State ZIP Code + 4	11.a. Nature of such dealing. REIMBURSEMENT OF TRUSTEE EXPENSE LOST TIME WAGES 11.b. Approximate dollar value of such dealing. \$1744⁰⁰ 12.a. Nature of interest held or income received. IN PERFORMANCE OF TRUSTEE DUTIES 12.b. Amount. \$1744⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

L.U. NO. 212 I.B.E.W. BENEFIT OFFICE

1216 EAST MCMILLAN STREET, SUITE 204

CINCINNATI, OHIO 45206

(513) 861-4800

(H&W) Local No. 212 IBEW Health and Welfare Benefit Plan

(Pension) International Brotherhood of Electrical Workers Local Union No. 212 Pension Plan

(SUB) IBEW Local No. 212 Supplemental Unemployment Benefit Plan

Kurt E. Kube

1970 Compton Road

Cincinnati, OH 45231

EXPENSES ASSOCIATED WITH 2004 CONFERENCE - INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Amount</u>
7/21/2004	H&W	27015	\$300.00
9/2/2004	H&W	27076	\$615.00
9/9/2004	H&W	27089	\$635.00
<u>Total</u>			<u>\$1,550.00</u>

LOST TIME WAGES

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Hours</u>	<u>Gross</u>	<u>FICA</u>	<u>Federal</u>	<u>State</u>	<u>City</u>	<u>Net</u>
2/20/2004	H&W	3362	8	\$193.92	\$14.83	\$4.01	\$2.38	\$4.07	\$168.63

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

RE: Form LM-30 Filing for Richard Kuczkowski, Labor Organization File No. 027-211

Dear Sir or Madam:


Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,


Richard Kuczkowski

Enc.

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

RE: Form LM-30 Filing for Richard Kuczkowski, Labor Organization File No. 027-211

Dear Sir or Madam:

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a (wine and cheese basket, fruit basket, holiday ham, holiday turkey, gourmet foods, etc.). At no time did I solicit such item(s), and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Kuczkowski". The signature is fluid and cursive, with a large initial "R" and a long, sweeping underline.

Richard Kuczkowski